

2005 Wisconsin Youth Risk Behavior Survey High School Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- To change your answer, erase completely.
- Choose only one answer for each question (except question 4).

1. How old are you?

- A. 12 years old or younger
- B. 13 years old
- C. 14 years old
- D. 15 years old
- E. 16 years old
- F. 17 years old
- G. 18 years old or older

2. What is your sex?

- A. Female
- B. Male

3. In what grade are you?

- A. 9th grade
- B. 10th grade
- C. 11th grade
- D. 12th grade
- E. Ungraded or other grade

4. How do you describe yourself? **(Select one or more responses.)**

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Hispanic or Latino
- E. Native Hawaiian or Other Pacific Islander
- F. White

5. During the past 12 months, how would you describe your grades in school?

- A. Mostly A's
- B. Mostly B's
- C. Mostly C's
- D. Mostly D's
- E. Mostly F's
- F. None of these grades
- G. Not sure

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number on your answer sheet.

Example:

Height	
Feet	Inches
5	11
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	●

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number on your answer sheet.

Example:

Weight Pounds		
1	5	3
●	①	①
②	①	①
③	②	②
	③	●
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. How do you describe your health in general?

- A. Excellent
- B. Very good
- C. Good
- D. Fair
- E. Poor

The next 4 questions ask about personal safety.

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

- A. I did not ride a bicycle during the past 12 months
- B. Never wore a helmet
- C. Rarely wore a helmet
- D. Sometimes wore a helmet
- E. Most of the time wore a helmet
- F. Always wore a helmet

10. How often do you wear a seat belt when **riding in** a car driven by someone else?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

The next 17 questions ask about violence-related behaviors.

13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

14. During the past 30 days, on how many days did you carry **a gun**?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
17. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
18. During the past 12 months, how many times were you in a physical fight **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
19. During the past 12 months, how many times has someone tried to hurt you by hitting, punching, or kicking you while **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
20. During the past 12 months, have you been repeatedly harassed, picked on, or bullied to the point that you felt unsafe at school or that it was hard to do your best at school?
- A. Yes
 - B. No
 - C. Not sure
21. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
22. When you are at school, how safe do you feel from physical harm?
- A. Always feel safe
 - B. Usually feel safe
 - C. Usually don't feel safe
 - D. Never feel safe

23. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on **school property**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

24. Has anyone at your school ever touched you, said something to you, or displayed a picture or photograph that was sexual in nature and made you uncomfortable?

- A. Yes
- B. No
- C. Not sure

25. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- A. Yes
- B. No

26. Have you ever been forced, either verbally or physically, to take part in a sexual activity?

- A. Yes
- B. No
- C. Not sure

27. How much do you approve or disapprove of people using violence against another person?

- A. Strongly approve
- B. Approve
- C. Neither approve nor disapprove
- D. Disapprove
- E. Strongly disapprove

28. How many people your age do you think would say it's okay to use violence against another person?

- A. None
- B. A few
- C. Some
- D. Most
- E. All
- F. Not sure

29. How much do you think people risk harming themselves (physically or in other ways) if they use violence against another person?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk
- E. Not sure

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

30. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- A. Yes
- B. No

31. During the past 12 months, did you ever **seriously** consider attempting suicide?

- A. Yes
- B. No

32. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

33. During the past 12 months, how many times did you actually attempt suicide?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

34. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- A. **I did not attempt suicide** during the past 12 months
- B. Yes
- C. No

The next 11 questions ask about tobacco use.

35. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes
- B. No

36. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

37. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- A. Yes
- B. No

38. During the past 30 days, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

39. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- A. I did not smoke cigarettes during the past 30 days
- B. Less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 cigarettes per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. More than 20 cigarettes per day

40. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- C. I bought them from a vending machine
- D. I gave someone else money to buy them for me
- E. I borrowed (or bummed) them from someone else
- F. A person 18 years old or older gave them to me
- G. I took them from a store or family member
- H. I got them some other way

41. During the past 30 days, on how many days did you smoke cigarettes **on school property**?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

42. During the past 12 months, did you ever try **to quit** smoking cigarettes?

- A. I did not smoke during the past 12 months
- B. Yes
- C. No

43. Is there an adult in your household who is a regular smoker?

- A. Yes
- B. No

44. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

45. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

The next 7 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

46. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

47. During the past 30 days, on how many days did you have at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

48. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days

49. During the past 30 days, how did you **usually** get your alcohol? (Select only **one** response.)

- A. I did not drink alcohol during the past 30 days
- B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- C. I bought it at a restaurant, bar, or club
- D. I bought it at a public event such as a concert or sporting event
- E. I gave someone else money to buy it for me
- F. A person 21 years old or older gave it to me
- G. I took it from a store or family member
- H. I got it some other way

50. How much do you approve or disapprove of people having 5 or more drinks of alcohol in a row, that is, within a couple of hours once or twice each weekend?

- A. Strongly approve
- B. Approve
- C. Neither approve nor disapprove
- D. Disapprove
- E. Strongly disapprove

51. How many people your age do you think would say it is okay to have 5 or more drinks of alcohol in a row, that is, within a couple of hours once or twice each weekend?

- A. None
- B. A few
- C. Some
- D. Most
- E. All
- F. Not sure

52. How much do you think people risk harming themselves (physically or in other ways) if they have 5 or more drinks of alcohol in a row, that is, within a couple of hours once or twice each weekend?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk
- E. Not sure

The next 6 questions ask about marijuana use. Marijuana also is called grass or pot.

53. During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

54. How old were you when you tried marijuana for the first time?

- A. I have never tried marijuana
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

55. During the past 30 days, how many times did you use marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

56. How much do you approve or disapprove of people smoking marijuana occasionally?

- A. Strongly approve
- B. Approve
- C. Neither approve nor disapprove
- D. Disapprove
- E. Strongly disapprove

57. How many people your age do you think would say it's okay to smoke marijuana occasionally?

- A. None
- B. A few
- C. Some
- D. Most
- E. All
- F. Not sure

58. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana occasionally?

- A. No risk
- B. Slight risk
- C. Moderate risk
- D. Great risk
- E. Not sure

The next 9 questions ask about other drugs.

59. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

60. How old were you when you tried any form of cocaine, including powder, crack, or freebase for the first time?

- A. I have never tried cocaine
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

61. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

62. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

63. During your life, how many times have you used club drugs, such as ecstasy, Special K, or GHB?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

64. During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

65. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

66. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- A. Yes
- B. No

67. During the past 12 months, how many times have you attended school under the influence of **alcohol or other illegal drugs**, like marijuana or cocaine?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

The next 2 questions ask about HIV/AIDS education and information.

68. Have you ever been taught about ways to prevent pregnancy, AIDS/HIV, or other sexually transmitted diseases (STDs) in school?

- A. Yes
- B. No
- C. Not sure

69. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

- A. Yes
- B. No
- C. Not sure

The next 8 questions ask about sexual behavior.

70. It is important to me to delay having sexual intercourse until ... (Select only **one** response).

- A. I'm married
- B. I'm engaged
- C. I'm an adult, and in a long-term committed relationship
- D. I'm in love
- E. I finish high school
- F. It is not important to me to delay having sexual intercourse
- G. Not sure

71. Have you ever had sexual intercourse?

- A. Yes
- B. No

72. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older
73. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
74. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
75. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
76. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No

77. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse
 - B. No method was used to prevent pregnancy
 - C. Birth control pills
 - D. Condoms
 - E. Depo-Provera (injectable birth control)
 - F. Withdrawal
 - G. Some other method
 - H. Not sure

The next 10 questions ask about body weight and eating habits.

78. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
79. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight
80. During the past 30 days, did you increase your **physical activity** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
81. During the past 30 days, did you choose **healthier foods** (fruit, vegetables, whole grains) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

82. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

83. Yesterday, how many servings of fruit or fruit juice did you consume (one serving equals $\frac{1}{2}$ cup canned; 1 medium fresh fruit, or 6 ounces juice)?

- A. 0 servings
- B. 1 serving
- C. 2 servings
- D. 3 servings
- E. 4 servings
- F. 5 servings
- G. 6 or more servings

84. Yesterday, how many servings of vegetables or vegetable juice did you consume (one serving equals $\frac{1}{2}$ cup cooked; 1 cup raw vegetables; or 6 ounces juice)?

- A. 0 servings
- B. 1 serving
- C. 2 servings
- D. 3 servings
- E. 4 servings
- F. 5 servings
- G. 6 or more servings

85. Yesterday, how many servings of milk did you drink or cheese or yogurt did you eat (one serving equals 8 ounces of milk or yogurt, 1.5 ounces of cheese)?

- A. 0 servings
- B. 1 serving
- C. 2 servings
- D. 3 servings
- E. 4 servings
- F. 5 servings
- G. 6 or more servings

86. Yesterday, how many cans or bottles of **non-diet** soda did you drink?

- A. 0 cans or bottles
- B. 1 can or bottle
- C. 2 cans or bottles
- D. 3 cans or bottles
- E. 4 cans or bottles
- F. 5 cans or bottles
- G. 6 or more cans or bottles

87. How many times in the last 7 days have you eaten breakfast?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

The next 6 questions ask about physical activity.

88. On how many of the past 7 days did you exercise or participate in physical activity for **at least 20 minutes that made you sweat and breathe hard**, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

89. On how many of the past 7 days did you participate in physical activity for **at least 30 minutes** that did **not** make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

90. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

91. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- A. I do not take PE
- B. Less than 10 minutes
- C. 10 to 20 minutes
- D. 21 to 30 minutes
- E. 31 to 40 minutes
- F. 41 to 50 minutes
- G. 51 to 60 minutes
- H. More than 60 minutes

92. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

93. On an average school day, how many hours do you watch TV?

- A. I do not watch TV on an average school day
- B. Less than 1 hour per day
- C. 1 hour per day
- D. 2 hours per day
- E. 3 hours per day
- F. 4 hours per day
- G. 5 or more hours per day

The next 2 questions are about asthma.

94. Has a doctor or nurse ever told you that you have asthma?

- A. Yes
- B. No
- C. Not sure

95. During the past 12 months, have you had an episode of asthma or an asthma attack?

- A. I do not have asthma.
- B. No, I have asthma, but I have not had an episode of asthma or an asthma attack during the past 12 months.
- C. Yes, I have had an episode of asthma or an asthma attack during the past 12 months.
- D. Not sure

The next 3 questions are general questions about you.

96. Do you agree or disagree that your family loves you and gives you help and support when you need it?
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree
 - E. Not sure
97. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree
 - E. Not sure

98. Do you agree or disagree that you feel like you belong at this school?

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree
- E. Not sure

In this survey “parents” mean the adults who are most responsible for raising you. They could be foster parents, step-parents, or guardians.

99. Besides your parents, how many adults would you feel comfortable seeking help from if you had an important question affecting your life?
- A. None
 - B. 1 adult
 - C. 2 adults
 - D. 3 adults
 - E. 4 adults
 - F. 5 or more adults

**This is the end of the survey.
Thank you very much for your help**